## N46812

(Requestor's Name)				
	dress)			
(Ad	uressj			
(Ad	dress)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				





500177209595

**500177209595** 05/28/10--01020--008 \*\*35,00

10 HAY 28 PH 4: 27

Name Chy. Amend.

MAN

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: FLORIO	A COMMUNITY HOUSE	NG ASSISTANCE CORP.
DOCUMENT NUMI	BER: N 468	12	
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Den	NIS Stewart	
	(Name of	Contact Person)	
	(F:	(C)	
	(rim	n/ Company)	
	Po B	0x 50970 Address)	
	(,	Address)	
	Suma	100 July 2 56 7948	<b>x</b> (
	(City/ Sta	ner VILLE, SC 2948  tte and Zip Code)	<del>,</del>
	STW E-mail address: (to be use	999 @ AOL.COM	ation)
For further informatio	n concerning this matter, pleas	e call:	
Dennis	SteWART	at ( <u>843</u> ) <u>437</u> (Area Code & Daytir	-1575
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check for	r the following amount made p	payable to the Florida Department	t of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address dment Section	Street Address	• /
	on of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

10 HAY 28 PH 4: 27

FLORIDA COMMUN (Name of Corporation as cur	ITY HOUSIN	JG ASSISTANCE	CORP. W. WART OF STATE E) ALI ANASSEE, FLORIDA	!
	146812 umber of Corporati			ı
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of	·	this Florida Not For Pro	ofit Corporation adopts	;   
A. If amending name, enter the new name	of the corporation	<u>n:</u>		ı
A FFORDABLE C The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	OMMUNI contain the word or "Co." may not	"corporation" or "incorporation" or "incorporation" or "incorporation".	CORPORATION porated" or the	
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		NIA	······································	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		NA		i
D. If amending the registered agent and/or new registered agent and/or the new registered agent agen	gistered office add	lress:	r the name of the	
Name of New Registered Agent:	Denni	s Stewart		:
New Registered Office Address: [130] SUT3 FIVE  (Florida street address)				!
	PLAN	ÎATIUN (City)	, Florida <u>333</u> 17 (Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as register position.	ed agent. I am j	ent: familiar with and accept  Registered Agent, if change		: !!

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u> Name <u>Address</u> **Type of Action** ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption:	05	120/2010			
(de	ate of adoption is	required) ,			
Effective date if applicable:  (no more than 90 days after amendment file date)					
Adoption of Amendment(s) (CHECK	ONE)				
The amendment(s) was/were adopted by the meml was/were sufficient for approval.	bers and the num	ber of votes cast for the amendment(s)			
There are no members or members entitled to vote adopted by the board of directors.	e on the amendm	ent(s). The amendment(s) was/were			
Dated 05 20 /	2010 (H				
(By the chairman or vice cl	an incorporator	ard, president or other officer-if directors if in the hands of a receiver, trustee, or iary)			
(Typed or	De WNISSE printed name of	UART person signing)			
	le of person signi	na)			

Page 3 of 3